STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lohhyist(s)	Katrina Iserman			
II. Name of lohhyist's pa	rtnership, firm or corpo	ration, if any:		
N/A				
	partnership, firm or corpora			
280 Beacon Street		oston	MA	02116
Business Address: (Street)	(Te	own/City)	(State)	(Zip Code)
(617) 266-3119	(617) <u>266</u>		e-mail katrina.iserma	an@sunovion.com
(Telephone)		(Fax)		
				y file a separate report for
reportable expense trans	actions which are not at	trihutahle to any	one client).	
✓ All reportable transacti	ions occurring in the mon	ths prior to the re	porting date relative to the	e following client:
Sunovion Pharmace		r	J	
	ull Name of Client as it appe	ars on the Lobbyist	Registration Form)	
<u>OR</u>	an rumo or chim as n appo	2000,	g,	
_		ding the lohbyist'	s family), or the lobbying	firm listed below which are
unrelated to any particular	client.			
IV. Date of Report A	pril 26, 2017 🗍		July 26, 2017 🛚	
-	y from date of registration to 3/31/17		activity from 4/1/17 to 6/30/17	
C	October 25, 2017		January 31, 2018 □	
activ	vity from 7/1/17 to 9/30/17	ac	tivity from 10/1/17 to 12/31/.	17
V. There have been no If this box is checked, com				
Concord, NH 03301.				
VI. Check if additional re	•			
•	ees or made expenditures,			
☐ If you have paid an ho Expense Reimbursement	onorarium or reimbursed e	expenses, you mu	st file Addendum B- Rep	ort of Honorariums or
-	our family has made polit	ical contributions	, you must file Addendu	m C-Political Contributions
, , , , , , , , , , , ,			, •	
and complete to the best o	15-B, RSA 14-C and RSA f my knowledge and belie	f.		oregoing information is true
(Signature of lobbyist)	sum	_	/0 - // -// (Date	<u>*</u> e)
Katrina Iserman	1			
(Print Name of lobbyist)		-		OCT 2 4 20

NEW HAMPSHIRE DEPARTMENT OF STATE